

EXHIBIT 2

DECLARATION OF DR. STEPHANIE L. BUDGE, Ph.D.

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN**

ASHTON WHITAKER, a minor, by his
mother and next friend, MELISSA
WHITAKER,

Plaintiff,

v.

KENOSHA UNIFIED SCHOOL DISTRICT
NO. 1 BOARD OF EDUCATION and SUE
SAVAGLIO-JARVIS, in her official capacity
as Superintendent of the Kenosha Unified
School District No. 1,

Defendants.

Civ. Action No. 2:16-cv-00943

Declaration of Stephanie L. Budge, Ph.D.

PRELIMINARY STATEMENT

1. I have been retained by counsel for Plaintiff as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration.

2. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae. This is included as an accurate and true copy and is attached as Exhibit A to this declaration.

3. I received my Ph.D. in Counseling Psychology from the University of Wisconsin-Madison in 2011, with focuses on lesbian, gay, bisexual, and transgender (“LGBT”) issues and psychological assessment. I am a tenure-track Assistant Professor of Counseling Psychology at the University of Wisconsin-Madison (“UW-Madison”) in the School of Education’s Department of Counseling Psychology. I was a visiting assistant professor at UW-Madison from 2014-2016 and received a tenure-track appointment in 2016. I was previously an assistant professor at the

University of Louisville in the Department of Educational and Counseling Psychology, Counseling, and College Student Personnel from 2011 to 2014. I have been a mental health professional since 2006 and I hold a license to practice psychology in the State of Wisconsin. The focus of my academic and clinical work is on the emotional and coping mechanisms of transgender adolescents and adults.

4. I have expertise working with adolescents and adults whose assigned sex at birth is incongruent with their gender identity (hereafter referred to as transgender or trans individuals). Many of these individuals have met the criteria for Gender Dysphoria. I have been a mental health provider to transgender individuals since 2007 and the majority of my caseload over the 10 years since I have been a mental health professional has been trans-identified individuals. The majority of my caseload (around 80%) since 2011 has included transgender youth (ages 13-24). In 2008, I received a year of specialized training in a forensic setting to evaluate adolescents. I also sought and received specialized training as a graduate student in psychological assessment and teach psychological assessment courses to graduate students.

5. I have published 53 peer-reviewed journal articles and book chapters, with the majority of these focusing on transgender individuals. Notably, several of these publications are specifically focused on evaluating transgender individuals to assess their eligibility for transition-related care, including hormone treatment and surgery; how to engage in clinical decision-making related to mental health care for transgender individuals; and effective psychotherapeutic treatment for transgender individuals.

6. I am on the editorial board for three peer-reviewed academic journals: *Psychology of Sexual Orientation and Gender Diversity*; *Archives of Sexual Behavior*; and the *International*

Journal of Transgenderism. Researchers in the United States and internationally have sought my assistance as an expert reviewer for research focused on transgender individuals.

7. I have been involved in over 97 academic presentations (internationally, nationally, and locally). The majority of these presentations have been focused on transgender individuals.

8. I have conducted and analyzed research with over 8,000 transgender individuals. I am currently completing a longitudinal study focused on transgender youth and their families, specifically focusing on their mental health and emotional/coping processes when experiencing discrimination, harassment, and barriers in institutional settings, including schools. The co-principal investigator (Sabra Katz-Wise, PhD) and I have two publications under review that highlight the experiences of these youth and their families. I am also conducting research with the Pediatric and Adolescent Transgender Health clinic in Madison, Wisconsin focusing on transgender youth access to mental and physical health care and the barriers involved in the process of obtaining treatment.

9. I am a member of the World Professional Association of Transgender Health (WPATH). WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) is an interdisciplinary professional and educational organization of individuals worldwide who specialize in research and practice on transgender health and with transgender individuals. The organization's mission includes supporting clinical and academic research to develop evidence-based, high quality health care for transgender and gender-nonconforming individuals. WPATH's leadership and many of its members are widely considered experts in this field. As explained further in paragraph 23 below, WPATH publishes the Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, which

are considered the authoritative health care standards for transgender individuals. As a WPATH member, I attend conferences that focus on transgender adults and transgender youth and present my own research to provide trainings to other professionals.

10. I am also a member of the Society for Lesbian, Gay, Bisexual, and Transgender Issues (Division 44) within the American Psychological Association (APA) (of which I am also a member). I am co-chair of the Science Committee for Division 44. The Science Committee is charged with ensuring that the most relevant and up-to-date research regarding LGBT individuals is disseminated through Division 44 and to full membership of the APA. We provide programming at the annual APA convention to disseminate cutting edge research on the best psychological practices and evidence-based treatments with LGBT individuals. At the 2016 APA annual convention, I was charged with disseminating information about evidence-based treatments for transgender individuals, as part of my role as co-chair of this committee.

11. I have received several awards for my expertise in the science and practice of working with transgender individuals, including the 2015 American Psychological Association Early Career Award for work with LGBT populations from the Society for Counseling Psychology and I was the first recipient of the APA Transgender Research Award in 2010. Locally, I am also a member of the Wisconsin Trans Health Coalition, which is an organization focused on decreasing violence and discrimination against transgender individuals within Wisconsin. As such, I am routinely sought out by school districts, service providers, and others as an expert on mental health and transgender issues within Wisconsin.

12. In preparing this declaration, I reviewed A.W.'s medical and therapy records. I also reviewed the seminal and influential psychological and public health research on

transgender individuals published over the past decade, including the most current research published as recently as this year. A bibliography is attached as Exhibit B.

13. I personally met with A.W. and his mother, Melissa Whitaker, on August 2, 2016, to conduct a clinical assessment of A.W. The purpose of this meeting was to administer psychological testing and to review records from his pediatrician and therapists. Based on that assessment, I render the following opinions, with a reasonable degree of professional certainty in my field of psychology.

14. I understand that this declaration will be submitted in support of A.W.'s motion for preliminary injunction in this case. I am prepared to testify about the information and conclusions contained in this report at a hearing. I may prepare a full expert witness report, as appropriate, during this litigation.

15. I am being compensated at an hourly rate of \$150/hour for actual time devoted for my expert services and testimony in this case, as well as expenses and costs. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

SEX, GENDER IDENTITY, AND GENDER DYSPHORIA

16. "Gender identity" is a term that has broad psychological and medical consensus to mean a person's internal sense of one's own gender. All human beings have a gender identity. Gender identity is innate and generally considered an immutable characteristic. Gender identity for all human beings usually begins to become clear around the age of three (with some variation around this age), although many transgender individuals may not begin to recognize or express their gender identity until later in life.

17. The majority of individuals born with external female genitalia (i.e., vaginas, clitorises, vulvas), internal female reproductive organs (i.e., ovaries, uteruses), and XX chromosomes, will identify as women and experience themselves as female. Conversely, the majority of individuals born with penises, testes, and XY chromosomes will identify as men and experience themselves as male. However, there are many variations that may differ from that typical course, such as transgender people and those with intersex conditions and sex chromosome conditions (e.g., Turner Syndrome, Klinefelter Syndrome).

18. There is no single anatomical or physiological characteristic that defines a person's sex. When sex-related characteristics such as internal or external genitalia, reproductive capacity, chromosomes, or gender identity are inconsistent—as with many transgender people and people with intersex conditions—it is most appropriate to define sex based on the person's gender identity.

19. A transgender person is someone whose experienced gender identity differs from, or is incongruent with, their sex assigned at birth.

20. Gender Dysphoria is the medical and psychiatric term for that gender incongruence. The psychiatric diagnosis is codified within the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and the medical diagnosis is included within the World Health Organization's International Classification of Diseases (ICD-10) (under the now-outdated name Gender Identity Disorder). Individuals who are diagnosed within these classifications present with a variety of symptoms, and typically indicate an intense need to present themselves and be viewed by others in accordance with their gender identity (that differs from their sex assigned at birth). When clients with gender incongruence do not obtain competent and necessary treatment, serious and debilitating

psychological distress (depression, anxiety, self-harm, suicidal ideation/attempts, etc.) often occurs. True and correct copies of the relevant portions of DSM-5 and ICD-10 are attached to this declaration as Exhibits B and C, respectively.

21. Under the DSM-5, the criteria for identifying Gender Dysphoria in adolescents and adults (302.85) are:

- a. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
 - (1) A marked incongruence between one's experienced/expressed gender and primary and or/secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics);
 - (2) A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 - (3) A strong desire for the primary and/or secondary sex characteristics of the other gender.
 - (4) A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
 - (5) A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)

(6) A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

22. Gender Dysphoria is associated with clinically significant distress or impairment in social, occupational, educational, or other important areas of functioning.

23. WPATH publishes the Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People ("SOC") that are considered the international standards for medical and mental health treatment for transgender individuals. The foremost medical and mental health organizations within the United States, and internationally, recognize the SOC as the authoritative standards for treatment of Gender Dysphoria. Those include the American Psychological Association, the American Psychiatric Association, the American Counseling Association, and the American Medical Association. WPATH has published the SOC since 1979. The Seventh Version of the SOC was published in 2012. A true and correct copy of the SOC, Seventh Version, is attached to this declaration as Exhibit D.

24. The SOC provide evidence-based protocols for mental health and medical providers to follow in determining the specific treatment regimen that will best fit the needs of the transgender individual. It has been well-established from the SOC and experts in the health care of transgender individuals that each transgender person has their own specific transition needs and that not every transition will look the same. Treatment generally consists of social, psychological, and/or medical support, as needed, that allows the individual to live and be integrated into society in accordance with their gender identity, thus relieving the distress that results from gender incongruence. Treatment interventions do not "prove" a person's gender

identity; instead, they help to bring the person's external appearance and gender role in line with who the person really is.

25. For most transgender individuals an important piece of treatment to reduce dysphoria is to engage in a social transition—i.e., non-medical processes taken to ensure that the individual can live in the world in a manner fully consistent with the individual's gender identity. As part of a social transition, an individual will typically tell others of their gender identity, go by a new name, use pronouns congruent with their gender identity, wear clothing typically associated with their gender identity, change their hairstyle, and use restrooms that fit their gender identity, among other things. To be clinically effective at alleviating the distress associated with Gender Dysphoria, a social transition must be respected consistently across all aspects of a trans individual's life—for example, at home, in school, and at work.

26. Psychotherapy to reduce the harmful effects of stigma and improve resiliency, hormone therapy, and/or surgeries can all be very effective ways to treat an individuals' dysphoria; as noted, however, there is no “one size fits all” medical regimen. In addition, individuals may be constrained by practical limitations—for instance, age, medical contraindications, or cost—on the ability to obtain medical treatment such as hormones or surgeries. Surgeries and other treatments related to gender transition are frequently excluded from coverage under health insurance plans.

27. Before transgender identity and Gender Dysphoria were well understood by the medical community, there had been a short history of considering these as disorders to be “cured” through therapy that attempted to reverse the individual's gender identity. This has been referred to as “reparative therapy” in much of the academic and clinical literature. There is a

medical and psychological consensus that reparative therapy is, in fact, unethical (i.e., causes harm) and ineffective.

28. Under the SOC, medical transition is not appropriate for pre-pubertal transgender children. For transgender adolescents, hormone therapy may be prescribed—either puberty-blocking hormones designed to delay the onset of physical changes associated with puberty and/or hormones designed to masculinize or feminize the individual’s appearance. Genital surgery is not advised by the SOC until after the adolescent has reached the age of majority.

29. Virtually all transgender adolescents, however, will undergo some type of social transition. Current evidence-based treatment indicates that mental health/medical providers and social supports should affirm an adolescent through a social transition to ensure that their gender identity is part of their lived experience in all aspects of their lives. It is the aim of treatment to assist the adolescent in successfully integrating their internal identity into a life that allows them to function consistently in accordance with that identity and not feel shame for who they are. It is inconsistent with evidenced-based practice to discourage or impede an adolescent from moving forward with any aspect of their transition; if clinically-indicated aspects of transition are impeded, it is likely that critical levels of distress will result. For example, impeding access to a restroom that is in alignment with an adolescent’s gender identity will likely result in clinical distress. For transgender adolescents, it is critical that all aspects of social transition are supported by their family, school, work, and community.

IMPACT OF EXCLUSION AND NON-AFFIRMATION

30. In the United States, public restrooms are often separated based on gender (women’s and men’s restrooms), unlike most other spaces. When restrooms are gendered and a transgender individual is restricted to the restroom based on their assigned sex at birth, they are

being told unmistakably that their understanding of their own gender is invalid. In addition, when “accommodations” are offered to transgender individuals that allow them to either use the restroom of their assigned sex at birth or a restroom that is not usually designated for their group (e.g., sending a high school student to a faculty restroom), that individual is being told not only that their gender is invalid, but that they are something “other” and must be separated from all their peers. Numerous research studies have confirmed the negative psychological impact of being invalidated and “othered” in this way. Specifically, for transgender individuals, such exclusion fundamentally impedes the process of social transition because it prevents the positive integration of their gender identity through affirmation and instead sends a strong message to the individual—that this is a shameful aspect of their identity—that they are likely to internalize.

31. The *gender minority stress and resilience* model provides an explanation for the mental and physical health disparities between transgender and non-transgender populations. This model identifies four common external stressors: gender-based victimization (verbal or physical acts of hostility based on transgender status), gender-based rejection, gender-based discrimination, and identity non-affirmation. These external gender minority stress factors can lead to three types of internal stressors: negative expectations for future events, internalized transphobia, and non-disclosure of one’s identity. Negative expectations for future events represent the belief that one may experience prejudice events, discrimination, and social rejection. These beliefs may be based on prior similar personal experiences and/or awareness of general societal stigma against transgender individuals. Internalized transphobia is the adoption and internalization of negative societal attitudes toward transgender individuals. Identity non-disclosure is an effort to conceal one’s transgender status.

32. Studies examining external stressors in the transgender community have demonstrated that transgender people face high levels of discrimination and victimization and that exposure to these external stressors is associated with serious psychological harms including anxiety, depression, suicidal ideation, and suicide attempt. For example, one study (Boza & Perry, 2014) found that nearly 70% of transgender and gender non-conforming people had experienced at least one form of victimization or discrimination related to their gender identity, including social discrimination (55%) and harassment (43%). These types of discrimination events are strongly related to suicidality. For example, Goldblum et al. (2012) and Testa et al. (2012) found that individuals who have experienced prejudice events such as these are three to four times more likely to have a history of suicide attempt compared to those who have not had experiences of gender-related victimization and violence. Studies show that rates of ideation for transgender and gender non-conforming individuals with histories of victimization ranged from 33-47% in the past year (Scanlon et al., 2010) and 82-97% over the lifetime (Testa et al., 2012). These rates are consistently and strikingly higher than the estimated lifetime prevalence of suicidal ideation and suicide attempts in the general population of 13.5% and 4.6%, respectively (Kessler, Borges, & Walters, 1999).

33. One study examined the relationship between suicidal behavior and gender-based hostility and insensitivity experienced in high school (Goldblum, Testa, Pflum, Hendricks, Bradford, & Bongar, 2012). Transgender and gender non-conforming participants were asked if they had experienced hostility or insensitivity from fellow students, teachers, or school administrators in their high school as a result of their gender identity or expression. Those who reported having been the victim of gender-based hostility were approximately four times more likely to have made a suicide attempt than those who did not report being so victimized.

34. It is clear that serious harms can result when transgender individuals are not allowed to use restrooms corresponding to their gender identity. Most transgender individuals begin using restrooms consistent with their identity after completing other aspects of social transition (wearing clothing associated with their gender, changing their hair, etc.). Transgender and gender non-conforming people regularly face harassment and victimization in restrooms when they are perceived not to belong (Herman, 2013). Excluding transgender individuals from restrooms that correspond to their gender identity following a social transition thus subjects those individuals to increased risk of actual victimization as well as the realistic fear of such victimization, with the accordant harms resulting from that stress.

35. Predictably, to avoid the harmful effects of non-affirmation or fear of victimization, transgender individuals will often avoid using the bathroom in any public space. This can lead to significant health consequences. First, transgender individuals will often avoid an intake of fluids to avoid the necessity to urinate; this can have significant health consequences related to dehydration. Even if transgender individuals do not avoid fluid intake, they will often hold urine in their bladders to avoid using the bathroom; this can also cause negative health consequences such as urinary tract or kidney infections. Transgender individuals may also avoid eating certain foods (or restrict food in general) to circumvent defecation, leading to constipation and muscle damage/weakness.

36. Although many transgender individuals report negative consequences when they are restricted from using bathrooms consistent with their identity, this exclusion may be particularly damaging during adolescence. Adolescence is marked by a time of development where individuals' attention and awareness are particularly heightened related to looks, "fitting in," and navigating complex social interactions. Transgender adolescents are typically acutely

self-conscious of the ways they may be perceived as different from their peers of the same gender. An internal consequence of that “not fitting in” is often internalized shame and sometimes diagnosable social anxiety and depression. External consequences can include experiences of bullying, harassment, and discrimination by peers and adults within school institutions.

37. Research shows that the mental health consequences of discrimination and disaffirmation for transgender youth are dire: transgender adolescents experience depression, anxiety, self-harm, and suicidal ideation/attempt(s) at two to three times the rates of cisgender (non-transgender) adolescents (Reisner et al., 2015). Indeed, research released in 2013 indicates that more than 50% of transgender youth report attempting suicide at least once in their lifetime (Mustanski & Liu, 2013).

38. Numerous retrospective and contemporaneous studies have noted the difficulties that transgender adolescents experience while in school. For example, a 2009 report (Greytek et al., 2009) noted that two-thirds of transgender youth feel unsafe at school because of their gender identity and almost all (89%) transgender youth reported being verbally harassed at school. The report indicates that 39% of school staff had commented negatively about someone’s gender expression over the past year. Participants also indicated that it was rare for school personnel to intervene when seeing transgender adolescents victimized at school—no intervention occurred 89% of the time. These negative experiences can cause feelings of shame, stigma, and unworthiness, and can lead to psychological distress. This stress can be overwhelming, distracting transgender students from the ability to concentrate on schoolwork, and can even lead students to drop out of school. A study published just prior to the writing of this report indicates that experiences of discrimination and stigmatization related to transgender identity can

frequently cause post-traumatic stress disorder, even when controlling for previous and/or non-trans-related trauma (Reisner et al., 2016).

39. In addition to the links between harassment and discrimination from peers and clinical distress in transgender adolescents, it can be even more harmful when adults in power perpetuate notions that isolate and stigmatize transgender adolescents. Research on *social identity theory* describes the harm that results when people of higher status—usually people in power such as, in the case of students, school administrators—fail to affirm or actively disaffirm lower-status individuals with a marginalized identity. This often leads to external forms of harm such as ostracizing and discrimination against the individual by peers and others, as well as internal harms such as internalized shame and self-hatred. These internal and external factors can be directly related to psychological distress, such as post-traumatic stress disorder, depressive disorders, anxiety disorders, and hypertension, amongst myriad other health concerns.

CLINICAL ASSESSMENT OF A.W.

40. I met with A.W. and his mother, Melissa Whitaker, on August 2, 2016 to conduct a psychological assessment.

41. I used the following Instruments used for the clinical assessment of A.W.: Schedule for Affective Disorders and Schizophrenia for School Age Children (K-SADS-PL), Kutcher Adolescent Depression Scale, Kutcher Generalized Social Anxiety Disorder Scale for Adolescents (K-GSADS-A), Severity of Posttraumatic Stress Symptoms-Child Ages 11-17 (NSESSS), Severity Measure for Social Anxiety Disorder (Social Phobia)-Child Ages 11-17, Severity Measure for Generalized Anxiety Disorder-Child Ages 11-17, Patient Health Questionnaire for Adolescents (PHQ-9), Multidimensional Scale of Perceived Social Support (MSPSS), and Transgender Outness Inventory (TOI).

42. A.W. is a 16 and 11/12ths year old white transgender boy (who also identifies as “female-to-male,” or “FTM”).

43. A.W. reported a lack of significant psychological history until he reached 6th and 7th grade. He reported that he began experiencing bullying around 7th grade and also began to “feel different.” Around that time he stated he began experiencing symptoms congruent with Major Depressive Disorder, specifically feeling down, losing interest in usual activities, difficulty concentrating, feeling a lack of motivation, having difficulty sleeping, and experiencing suicidal ideation. He indicated that as he began to learn more about transgender identity, toward the end of middle school, he felt motivated to come out to his parents. He said he “tested the waters” with his mother in July 2013 by asking about insurance coverage for treatments for transgender individuals. A.W. reported that his distress increased at this time, primarily due to expectations of rejection from peers and loved ones.

44. A.W. stated that once he was able to start transitioning and started experiencing more family support, he began to experience increased psychological well-being. He indicated that he was feeling less anxiety and depression, as well as a complete lack of suicidal ideation during this time. Once he was specifically instructed to not use the boys’ bathroom at school, however, his distress increased again, dramatically.

45. Based on the clinical assessment, A.W. meets criteria for several mental health diagnoses.

46. First, he meets all 6 of the criteria under category A in the Gender Dysphoria diagnosis.

- The first symptom under category A includes a marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex

characteristics. A.W. reported that he experiences a marked incongruence between his sex assigned at birth (female) and his internal sense of gender identity (male) and gender expression (masculine).

- Symptoms 2 and 3 include the desire to be rid of one's primary/secondary sex characteristics from one's sex assigned at birth and to obtain the primary/secondary sex characteristics typically associated with one's gender identity. A.W. indicated that he experiences discomfort with his chest and with menstruation and strongly desires male secondary sex characteristics (e.g., deep voice, facial hair, redistribution of body fat).
- The fourth symptom in the DSM-5 is a strong desire to be of the other gender. He stated that he has had a strong desire to identify as a boy—and understanding that he is a boy—since 2013, far exceeding the 6-month minimum in the DSM-5 criteria.
- Symptoms 5 and 6 within this diagnosis are a strong desire to be treated as the other gender and a strong conviction that one has the typical feelings and reactions of the other gender. He stated that it is essential for others to see him and treat him as a boy, otherwise he experiences an increase in dysphoria. He said that he clearly feels that he is like any other boy and relates to others as a boy. He recently started hormone therapy (testosterone) and reported that this momentarily assisted with some gender dysphoria, but that his experiences of external rejection often increase his dysphoria.

47. He meets the criteria for category B on three levels: 1) he experiences significant and constant distress related to how he has been treated by school staff and peers related to his

gender identity, 2) he continues to have some internalized stress related to his gender identity, and 3) he experiences distress related to barriers in accessing local trans-competent medical and mental health care.

48. In addition to my assessment that A.W. meets the criteria for Gender Dysphoria, according to his records, he was also diagnosed with Gender Dysphoria by his medical provider (Sheryn Abraham, MD) on 06/30/14 and by his therapist (Tara Rullman, MA, LPC) on 09/06/14.

49. The overarching diagnosis that subsumes several of the diagnoses that will be discussed below is post-traumatic stress disorder (PTSD with panic attacks; 309.81). During the diagnostic interview, A.W. endorsed 8 out of the 8 criteria in the DSM-5 for a diagnosis of PTSD. He reported experiencing several traumatic events, the majority of which include verbal harassment and discrimination at school. These experiences have led to intrusion symptoms, such as recurrent, involuntary, and distressing memories of these events; several flashbacks; and intense distress in situations that remind him of experiences of verbal harassment and discrimination. Primarily he reports persistent avoidance of thoughts and memories as well as avoiding people, places, and situations that remind him of these experiences (or avoiding these situations due to a very real fear that the harassment and discrimination may occur again). Out of the seven criteria focused on negative alterations in mood, where a minimum of two is needed for diagnosis, A.W. endorsed all seven. For the criteria relating to alterations in reactivity, where a minimum of two is needed for diagnosis, he endorsed five out of six criteria. Those included irritability and anger, self-destructive behavior, hypervigilance around using restrooms or going out in public, problems with concentration on schoolwork, and sleep disturbance.

50. Depression and anxiety are often comorbid disorders when an individual meets criteria for PTSD. A.W. meets criteria for Major Depressive Disorder (moderate; 296.33). He

endorsed experiencing 8 out of 9 symptoms. Many of these symptoms overlap with his PTSD symptoms, such as feelings of worthlessness, lack of concentration, difficulty with motivation, psychomotor agitation, and loss of interest in things. He reported that he often has difficulty getting out of bed and feels tired “all of the time.” He also indicated that he has lost interest in things he used to find enjoyable and that his level of irritability is much higher than usual. He reported current thoughts of suicide, but does not have any plan or intent. He reported that his suicidal thoughts are passive and that they are usually thoughts that “come up” when he is feeling particularly hopeless. He indicated that he copes with many of these symptoms (but most specifically his suicidal ideation) by talking with a friend about them. He stated that his depressive symptoms for his most recent depressive episode began around four months prior to this assessment. He indicated that his depressive symptoms worsen each time he meets with school officials and is confronted with a similar outcome about his bathroom access, when he is treated “like a girl,” or when school staff see how he is being treated and do not step in.

51. A.W. also meets criteria for several anxiety disorders, such as Social Anxiety Disorder (300.23) and Generalized Anxiety Disorder. (300.02) He reported complete avoidance of social gatherings, changing/showering in locker rooms, initiating conversations with strangers, and asking someone out on a date. He also reported in the last week, that he has “all of the time” felt: anxious/worried/nervous, spent a lot of time making decisions/putting off decisions/preparing for situations due to worry, and sought reassurance from others due to worry. In the last week, he reported having moments of sudden terror, heart racing, sweating, trouble breathing, and feeling faint. He also reported that over the last four years, he has had several incidences of panic, some of which meet criteria for a panic attack; he does not report concern or worry about having panic attacks or changing his behaviors because of the panic attacks.

Because of the comorbid nature of PTSD and these symptoms, it is my clinical opinion that these experiences of anxiety are directly attributable to PTSD and are not derived from other isolated events. According to the DSM-5, individuals with PTSD are 80% more likely than those without PTSD to present with symptoms for depression and anxiety; thus it is often a complex process of determining the course and nature of these disorders. Although it is possible for a transgender person to experience these diagnoses without the cause of the diagnoses being focused on how one is treated as a transgender person, it is my clinical opinion that A.W. meets criteria for these diagnoses based on his hypervigilance around how he will be treated as a transgender person. In order to navigate the world to stay safe, it is actually protective for A.W. to be mindful and somewhat fearful of social situations, due to a high likelihood of experiencing rejection or discrimination. A.W.'s fears have been reinforced by school administrators making clear their view that he does not belong in situations where any other boy would be allowed, thus creating a situation where he constantly has to notice his own level of difference and to read social situations to find out if he will be treated with respect.

52. Because A.W.'s anxiety and depression first started based on his experiences of bullying and continued when he began to experience internalized shame related to his gender identity, this can be conceptualized within the Cultural Formulation of Stress (DSM-5) model: when individuals from marginalized groups experience discrimination based on their marginalized identity, PTSD can result.

53. It is my assessment that the specific ways that A.W. has been treated have significantly and negatively impacted his mental health and overall well-being. A.W. described symptoms of trauma, depression, and anxiety that related to being treated differently because he is a transgender boy. A.W. reported that he lives in fear at school and that this fear has started to

translate to other areas outside of school. He stated that he avoids using the bathroom during the day. He stated that this causes physical discomfort, but also perceives that this is not good for his physical health. After leaving meetings with school staff regarding his treatment, A.W. indicates he has spent tearful nights at home and regularly has difficulty sleeping, especially on evenings when an incident at school has occurred. A.W. reported, “It is a miracle that I have been able to keep my grades up” and said that his only motivation to be successful in school is so he can leave school to attend a university environment that will accept him fully for who he is, as a boy.

54. In addition to the negative psychological effect of not being able to use the boys’ bathroom at school, A.W. related that he experienced psychological distress directly related to school staff not using he/him/his pronouns, not using his male name, isolating him to a gender-neutral single room on a school trip, and refusing to let him run as prom king (despite his stellar grades and meeting all required criteria). In contrast to his psychological distress experienced from not being able to use the restrooms, A.W. indicated that he experiences some anxiety, but primarily experiences depression from being misgendered. He stated that it causes him to feel like there is something “wrong with me” and further perpetuates his feelings of shame.

55. Based on the assessment results, it is my strong recommendation that A.W. be allowed to use the boys’ restrooms at school and otherwise be allowed to participate like any other boy at gender-segregated events, without being singled out or marked as different from other students. The school’s persistent messages to A.W. that he is not a “real” boy in their eyes—excluding him A.W. from the boys’ restrooms, requiring him to room with girls or alone on school trips, barring him from running for prom king, and repeatedly calling him by his birth name and female pronouns—are having deeply harmful and stigmatizing effects, causing him to feel consistent isolation, shame, humiliation, anxiety, and depression, as well as fear for his

safety. These actions and policies contribute to his anxiety, depression, and PTSD, and directly undermine the social transition that is medically necessary to treat his Gender Dysphoria. It is my clinical opinion that, while psychotherapy can assist transgender individuals in coping with discrimination and being ostracized, it is difficult (if not impossible) to improve mental health in the wake of concurrent trauma. It is my clinical opinion, based on clinical experiences and scientific findings, that if these exclusionary, isolating, and stigmatizing practices are allowed to continue, there will be immediate and long-term significant consequences for A.W.'s mental health.

56. It is my professional opinion that the Kenosha Unified School District's treatment of A.W. and its policies regarding his bathroom use, separating him from other students during school trips, refusal to require consistent use of his male name and pronouns by school staff, and other actions that single him out as transgender and treat him differently from other boys, are directly causing significant psychological distress and place A.W. at risk for experiencing life-long diminished well-being and life-functioning.

57. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Stephanie Buge, PhD, LP

Executed on 8/11/2016.

EXHIBIT

A

Stephanie L. Budge, PhD, LP
Curriculum Vitae

Department of Counseling Psychology, School of Education, Room 309, University of Wisconsin-Madison, Madison, WI 53706, 608-262-4807, budge@wisc.edu

PROFESSIONAL EXPERIENCE

- 8/2016- **Assistant Professor**, tenure-track, Department of Counseling Psychology, University of Wisconsin-Madison
- 8/2014-7/2016 **Assistant Professor**, visiting, Department of Counseling Psychology, University of Wisconsin-Madison
- 8/2011-8/2014 **Assistant Professor**, tenure-track, Department of Educational and Counseling Psychology, Counseling, and College Student Personnel, University of Louisville
- 9/2011-6/2014 **Postdoctoral Clinical Training**, University of Louisville Counseling Center (9/2011-8/2012) and University of Louisville Transgender Project (7/2013-6/2014)
- 8/2010-8/2011 **Predoctoral Internship**, University of Minnesota, University Counseling and Consulting Services, APA-Accredited, APPIC listed predoctoral internship

LICENSURE

- 2/2015-current Licensed Psychologist in Wisconsin—3244-57
- 8/2011-6/2014 Licensed Psychologist (under supervision to gain hours for Health Service Provider status) in Kentucky—2012-42

EDUCATION

- 8/2006-8/2011 **Doctor of Philosophy**. University of Wisconsin-Madison. APA Accredited Counseling Psychology Program. Dissertation Title: *Distress in the transition process for transgender individuals: The role of loss, community, and coping*. Dissertation successfully defended in April, 2010. Minor: Psychological Assessment.
- 8/2004-5/2006 **Master of Arts**. University of Texas at Austin. Degree in Educational Psychology. Thesis Title: *Sexual pressure in gay, lesbian, and bisexual relationships*.

1/2003-12/2003
9/2000-12/2002

Bachelor of Science. University of Utah.
Pace University, New York, New York, credits toward Bachelor of Science degree. Major: Psychology, Minor: Women's and Gender Studies.

RESEARCH GRANTS

| | |
|---------|---|
| 06/2016 | Wisconsin Partnership Program, Community Opportunity Grant, \$50,000— funded , <i>Transgender Health—A New Horizon in Equity in Health Care</i> . Role: Contributor. |
| 06/2016 | UW Institute for Clinical Research (ICTR) Health Equity and Diversity (AHEAD) research pilot award, \$10,000-- funded , <i>Advancing Wisconsin Survey of Transgender Youth: An Assessment of Resources and Needs</i> . Role: Collaborator |
| 05/2016 | Patient Centered Outcome Research Initiative (PCORI) Engagement Award, \$250,000— submitted , <i>Collective for Integrating Psychological Health, Education, and Research for LGBTQ Therapies (CIPHER LGBTQ)</i> . Role: Co-PI. |
| 03/2016 | National Institute of Health, NICHD, K23, \$666,769— scored grant. <i>The effects of pubertal suppression on affect and emotion regulation for transgender youth</i> . Role: PI. |
| 10/2012 | College of Education and Human Development Faculty Research Development Grant, \$2,200— funded . PI on research project testing psychotherapy process and outcomes for transgender individuals. |
| 9/2011 | College of Education and Human Development Faculty Research Development Grant, \$2,260— funded . PI on research project regarding positive experiences of transgender identity and intersectionality of identities with genderqueer individuals. |
| 6/2010 | Charles J. Gelso Research Grant, \$2,000— funded . PI on a research project regarding personality disorders and treatment effectiveness. |

EDITORIAL RESPONSIBILITIES

Associate Editor: Psychotherapy

Editorial Board: Psychology of Sexual Orientation and Gender Diversity, Archives of Sexual Behavior, International Journal of Transgenderism

Ad Hoc Reviewer: Journal of Consulting and Clinical Psychology, Clinical Psychology Review, Journal of Counseling Psychology, The Counseling Psychologist, Feminism and Psychology, Psychology of Religion and Spirituality, Psychology of Women Quarterly, Journal of GLBT Family Issues, BioMed Central Journal, The Cognitive Behavior Therapist, Psychotherapy Research, Routledge Publishers, Harvard University Press

JOURNAL PUBLICATIONS

*Denotes student

1. **Budge, S.L.**, Orovecz, J.*, Owen, J.J., & Sherry, A.R. (In Press). The Relationship Between Conformity to Gender Norms, Sexual Orientation, and Gender Identity for Sexual Minorities. *Counselling Psychology Quarterly*.
2. **Budge, S.L.** (In press). To err is human: An introduction to the special issue on clinical errors. *Psychotherapy*.
3. **Budge, S.L.** & Pankey, T.L.* (In press). Ethnic differences in gender dysphoria. *Current Psychiatry Reviews*.
4. **Budge, S.L.** & dickey, l.m. (In press). Barriers, challenges, and decision-Making in the letter writing process for gender transition. *Psychiatric Clinics*.
5. Katz-Wise, S.L., Reisner, S.L., White, J.M., & **Budge, S.L.** (In press). Sexual fluidity and social determinants of mental health in gender minority adults in Massachusetts. *Archives of Sexual Behavior*.
6. dickey, l.m., **Budge, S.L.**, Katz-Wise, S.L., & Garza, M.V. (2016). Health disparities in the transgender community: Exploring differences in insurance coverage. *Psychology of Sexual Orientation and Gender Diversity*.
7. Barr, S.M.*, **Budge, S.L.**, & Adelson, J.L. (2016) Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*.
8. Nienhuis, J. B.*, Owen, J., Valentine, J. C., Black, S. W.*, Halford, T. C.*, Parazak, S. E.*, **Budge, S.**, & Hilsenroth, M. J. (2016). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*.
9. **Budge, S.L.**, Thai, J.L.*, Tebbe, E., & Howard, K.H. (2016) The intersection of socioeconomic status, race, sexual orientation, transgender identity, and mental health outcomes. *The Counseling Psychologist*.
10. Tebbe, E.A. & **Budge, S.L.** (2016) Research with transgender communities: Applying a process-oriented approach to methodological considerations and research recommendations. *The Counseling Psychologist*.
11. Moradi, B., Tebbe, E., Brewster, M., **Budge, S.L.**, Lenzen, A., Enge, E...Painter, J. (2016). A content review of transgender research: 2002-2012. *The Counseling Psychologist*.
12. Tebbe, E.A., Moradi, B., & **Budge, S.L.** (2016). Introduction to the Major Contribution on Research with Transgender Populations. *The Counseling Psychologist*.
13. **Budge, S.L.** (2015). Psychotherapists as gatekeepers: An evidence-based case-study highlighting the role and process of letter-writing for transgender clients. *Psychotherapy*.
14. Kopta, M., Owen, J.J., & **Budge, S.L.** (2015). Measuring psychotherapy outcomes with the Behavioral Health Measure-20: Efficient and comprehensive. *Psychotherapy*.
15. Watkins, C.E., **Budge, S.L.**, & Callahan, J.L. (2015). Common and specific factors converging in psychotherapy supervision: A supervisory extrapolation of the Wampold/Budge psychotherapy relationship model. *Journal of Psychotherapy Integration*, 25, 214-235.

16. Owen, J.J., Adelson, J.L., **Budge, S.L.**, Wampold, B.E., Kopta, M., Minami, T., & Miller, S.D., (2015). Trajectories of change in short-term psychotherapy. *Journal of Clinical Psychology*, 71, 817-827.
17. **Budge, S.L.** (2015). The effectiveness of psychotherapeutic treatments for personality disorders: A review and critique of current research practices. *Canadian Psychology*, 56, 191-196.
18. Owen, J.J., Adelson, J.L., **Budge, S.L.**, Reese, R.J., & Kopta, M.M. (2015). Good-Enough Level and Dose-Effect Models: Variation Among Outcomes and Therapists. *Psychotherapy Research*.
19. Katz-Wise, S.L. & **Budge, S.L.** (2015). Cognitive and interpersonal identity processes related to mid-life gender transitioning in transgender women. *Counselling Psychology Quarterly*, 28, 150-174.
20. **Budge, S.L.**, Orovecz, J.*, & Thai, J.L.* (2015). Transgender men's positive emotions: The interaction of gender identity and emotion labels. *The Counseling Psychologist*.
21. **Budge, S. L.**, Keller, B.L.*, & Sherry, A. (2015) A qualitative investigation of lesbian, gay, bisexual, and queer women's experiences of sexual pressure. *Archives of Sexual Behavior*.
22. **Budge, S.L.** (2014). Navigating the balance between positivity and minority stress for LGBTQ clients who are coming out. *Psychology of Sexual Orientation and Gender Diversity*, 1, 350-352.
23. **Budge, S.L.**, Rossman, H.K.*, & Howard, K.H. (2014). Genderqueer individuals' mental health outcomes: The impact of gender socialization, coping, and perceived loss. *Journal of LGBT Issues in Counseling*, 8, 95-117.
24. **Budge, S.L.**, Moore, J.T.*, Del Re, A.C., Wampold, B.E., Baardseth, T.P., & Nienhuis, J.B.* (2013). The effectiveness of evidence-based treatments for personality disorders when comparing treatment-as-usual and bonafide treatments. *Clinical Psychology Review*, 33, 1057-1066.
25. **Budge, S.L.** (2013). Interpersonal psychotherapy with transgender clients. *Psychotherapy*, 50, 356-359.
26. Katz-Wise, S.L., **Budge, S.L.**, & Hyde, J.S. (2013). Objectified body consciousness and the mother adolescent relationship. *Psychology of Women Quarterly*, 37, 366-380.
27. **Budge, S.L.**, Adelson, J.L., & Howard, K.H. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*, 81, 545-557.
28. **Budge, S.L.**, Owen, J.J., Kopta, S.M., Minami, T., Hanson, M.R., & Hirsch, G (2013). Differences among trainees in client outcomes associated with the Phase Model of Change. *Psychotherapy*, 50, 150-157.
29. **Budge, S. L.**, Katz-Wise, S. L., Tebbe, E., Howard, K.A.S., Schneider, C. L., & Rodriguez, A. (2013). Transgender emotional and coping processes: Use of facilitative and avoidant coping throughout the gender transition. *The Counseling Psychologist*, 41, 601-647.
30. Valdez, C. R. & **Budge, S.L.** (2012). Addressing adolescent depression in schools: Effectiveness and acceptability of an in-service training for school staff in the United States. *International Journal of Educational Psychology*, 1, 228-25.

31. Wampold, B.E., & **Budge, S.L.** (2012). The relationship—and it's relationship to the common and specific factors of psychotherapy. *The Counseling Psychologist*, 40, 601-623.
32. Wampold, B.E., **Budge, S.L.**, Laska, K. M., Del Re, A.C., Baardseth, T.P., Fluckiger, C., Minumi, T., Kivlighan, M., & Gunn, W. (2011). Evidence-based treatments for depression and anxiety versus treatment-as-usual: A meta-analysis of direct comparisons. *Clinical Psychology Review*, 31, 1304-1315.
33. Valdez, C. R., Dvorscek, M., **Budge, S.L.**, & Esmond, S.L. (2011). Provider perspectives of Latino patients: Determinants of care and implications of treatment. *The Counseling Psychologist*, 39, 497-526.
34. Wampold, B.E., Benish, S.G., Imel, Z.E., Miller, S.D., Laska, K., Del Re, A.C., Baardseth, T.P., & **Budge, S.L.** (2010). What works in the treatment of PTSD? A response to Ehlers et al. *Clinical Psychology Review*, 30, 269-276.
35. **Budge, S. L.**, Tebbe, E. N. & Howard, K. A. S. (2010). The work experiences of transgender individuals: Negotiating the transition and coping with barriers. *Journal of Counseling Psychology*, 57, 377-393.
36. Howard, K. A. S., **Budge, S. L.**, Gutierrez, B., Lemke, N. T., & Owen, A. D. (2010) Academic and career goals of high school youth: processes and challenges. *Journal of Career Development*, 57, 377-396.
37. **Budge, S. L.**, Baardseth, T. P., Wampold, B. H., & Fluckiger, C. (2010). Researcher allegiance and supportive therapy: Pernicious affects on results of randomized clinical trials. *European Journal of Counselling and Psychotherapy*, 12, 23-39.
38. Howard, K. A. S., **Budge, S. L.**, & McKay, K. M. (2010). Youth exposed to violence: The role of protective factors. *Journal of Community Psychology*, 38, 63-79.
39. **Budge, S. L.** (2006) Peer mentoring in post-secondary education: Implications for research and practice. *Journal of College Reading and Learning*, 37 (1), 71-85.

BOOK CHAPTERS

1. **Budge, S.L.** & Orovecz, J.J.* (In press). Gender Fluidity. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
2. **Budge, S.L.** (In press). Genderqueer. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
3. **Budge, S.L.** & Pankey, T. L.* (In press). Interpersonal therapies and gender. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
4. **Budge, S.L.** & salkas, s.* (In press). Experiences of transgender people within the LGBT community. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
5. **Budge, S.L.** & Thai, J.L.* (In press). Coming out processes for transgender people. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
6. **Budge, S.L.** & Sinnard, M.* (In press). Trans*. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
7. **Budge, S.L.** & Snyder, K.E. (In press). *Sex-related differences research*. Encyclopedia of Gender and Sexuality Studies.

8. **Budge, S. L.**, & Wampold, B. E. (2015). The relationship: How it works. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcomes* (pp. 213-228). Dordrecht: Springer.
9. Akinniyi, D.* & **Budge, S.L.** (In press). Biological sex and mental health outcomes. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
10. Lam, J.* & **Budge, S.L.** (In press). Help-seeking behaviors and men. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
11. Jones, T.*, Chin, M.Y.*, & **Budge, S.L.** (In press). Sororities. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
12. Sun, S.* & **Budge, S.L.** Women's group therapy. (In press). In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
13. Sun, S.*, Minero-, L.*, & **Budge, S.L.** (In press). Multiracial People and Gender. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.
14. Alexander, D.*, Hunter, C.*, & **Budge, S.L.** (In press). Experiences of women in religious leadership. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. xx). Thousand Oaks, CA: SAGE.

PUBLICATIONS IN REVISION AND UNDER REVIEW

*Denotes student

1. **Budge, S.L.**, Chin, M.Y., & Minero, L.P. (In Revision). *Transgender individuals' facilitative coping: An analysis of internal and external processes*.
2. **Budge, S.L.**, Katz-Wise, S. L., & Owen, J.J. (Under Review) *Sexual minorities' sexual communication, internalized homophobia, and conformity to gender norms*.
3. Hambrick, M., Cintron, A., Apegoraro, L., & **Budge, S.L.** *I Am Cait: An analysis of the top-down and bottom-up framing of Caitlyn Jenner's ESPY Awards speech*.
4. Thai, J.L.*, **Budge, S.L.**, & Adelson, J. L. (In Revision) *The impact of family and identity on suicidality and substance abuse in trans* Asian and Pacific Islander individuals*
5. Katz-Wise, S.L., **Budge, S. B.**, Orovecz, J.O., Ngyuen, B., & Thompson, K. (Under Review). *Imagining the Future: Qualitative Findings of Future Orientation from the Transgender Youth Family Study*.
6. Walinsky, D. & **Budge, S.L.** (Under Review) *Gender Binaries, Workplace Discrimination and Satisfaction, and Delayed Gender Transition*

MANUSCRIPTS IN PROGRESS

1. **Budge, S.L.**, Sinnard, M.T.*, & Rossman, H.K.* *Queering emotions: A content analysis of non-binary and genderfluid individuals' experiences of affect*
2. **Budge, S.L.**, Rossman, H.K.*, & Sinnard, M.T.* *A grounded theory analysis of the relationship between emotions and internal identity processes for non-binary and genderfluid individuals*

3. **Budge, S.L.**, Katz-Wise, S.L., Conniff, J.,* Braden, T.*, Belcourt, W.S.*, Parks, R. L. *Coping processes for transgender youth.*
4. Rossman, H.K.* , Sinnard, M.T.* , Salkas, s.* , & **Budge, S.L.** Genderfluid and non-binary individuals' experiences of external identity processes and emotion labels.
5. **Budge, S.L.**, Orovecz, J.O.* , Barr, S.M.* , & Keller, B.L.* *Affirmative emotional processes for transgender women: A qualitative analysis.*
6. **Budge, S.L.**, Stahl, A.* , Alexander, D.* , salkas, s.* , Orovecz, J.*. *The identity formation of genderqueer individuals.*
7. **Budge, S.L.**, Akinniyi, D.* , Alexander, D.* , Stahl, A* ., Salkas, S* ., Orovecz, J* . Analyzing the understanding of multiple identities for genderqueer individuals.
8. **Budge, S.L.** Barr, S.M.* , & Snyder, K. & *A dynamic systems approach to exploring the development of transgender identity.*
9. Rossman, H.K.* , Eleazer, J.* , Gervasi, C.* , & **Budge, S.L.** *A qualitative analysis of transgender individuals' perceptions of privilege.*
10. Hunter, C* & **Budge, S.L.** *The moderating effect of race related to discrimination for transgender individuals.*
11. Alexander, D.* & **Budge, S.L.** *The impact of partner support on symptoms of anxiety for transgender women, transgender men, and genderqueer individuals.*
12. Eleazer, J.* & **Budge, S.L.** *Transgender military service-members' experiences of identity and vocational integration.*
13. Solberg, V.S., **Budge, S.L.**, Phelps, A., Durham, J., Haakenson, K., & Timmons, J. *The perceived utility and value of Individualized Learning Plans: Parent, educator, and student perspectives.*
14. Solberg, V.S., **Budge, S.L.**, & Halverson, E. *Identifying the nature of career decision-making patterns and their impact on career, academic and social/emotional outcomes: A mixed-methods approach.*

MINOR PUBLICATIONS AND TECHNICAL REPORTS

1. Solberg, V. S., Gresham, S. L., & **Budge, S. L.** (2009, December). *ECDM validation study-II*. Center on Education and Work (CEW), University of Wisconsin – Madison. Submitted to Guidance Branch, Singapore Ministry of Education
2. Solberg, V. S., Gresham, S. G., **Budge, S. L.**, Phelps, A. L., Haakenson, K., & Durham, J. (2009, September). *NCWD/Youth research and demonstration project on Individualized Learning Plans*. Center on Education and Work (CEW), University of Wisconsin-Madison. Submitted to the National Collaborative on Workforce and Disability/Youth.
3. Solberg, V. S., Lindwall, J., **Budge, S. L.**, Schneider, C. L., Deloya, J., Halley, K., & Hatfield, P. (2009, August). *Report on the Mental Health Concerns among the Students in the Madison Metropolitan School District*. Center on Education and Work (CEW), University of Wisconsin – Madison. Submitted to the Madison Metropolitan School District.
4. Solberg, V. S., **Budge, S. L.**, Phelps, L. A. (2009, August). *Phase II Portal: Focus Group Discussion*. Center on Education and Work (CEW), University of Wisconsin – Madison. Submitted to Guidance Branch, Singapore Ministry of Education

5. Valdez, C. R., & **Budge, S. L.** (2008). *Program evaluation of "It's Time! Adults Addressing Youth and Teen Depression."* InHealth Wisconsin, Milwaukee, WI.
6. Lin, M. & **Budge, S.** (2007). Exploring the impact of race and class on the First Year in Counseling Psychology 115. *Our First Year Experience*, 2, 3-4.

INTERNATIONAL PRESENTATIONS (Peer-reviewed)

1. **Budge, S.L.** & Katz-Wise, S.L. (July, 2016). *Emotional expression of transgender youth and their families: A cross-comparison of familial cultures for gender and emotions.* Paper to be presented at the International Congress of Psychology Conference, Yokohama, Japan.
2. Chin, M.Y.*, Minero, L.*, & **Budge, S.L.** (July, 2016). *"This is me, and I am happy. I love it": Understanding Internal Coping Processes of Trans-identified Individuals using Grounded Theory.* Paper to be presented at the International Congress of Psychology Conference, Yokohama, Japan.
3. **Budge, S.L.**, Katz-Wise, S.L., Conniff, J.*, Belcourt, S.*, & Parks, R*. (June, 2016). *Developmental processes of coping for transgender youth: Results from the Transgender Youth and Family Study (TYFS).* Paper to be presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
4. Sinnard, M.*, Raines, C.*, & **Budge, S.L.** (June, 2016). *Effects of location and transition status on anxiety and depression in transgender individuals.* Paper to be presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
5. Salkas, S.* & **Budge, S.L.** (June, 2016). *An Overview of Non-binary gender identities in the National Transgender Discrimination Survey,* Paper to be presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
6. Orovecz, J.*, Salkas, S.*, & **Budge, S.L.** (June, 2016). *External Identity Processes for Individuals with Non-Binary Identities.* Paper to be presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
7. Rossman, K.*, Sinnard, M.*, & **Budge, S.L.** (June, 2016). *The Externalization of Affect for Individuals with Non-binary Gender Identities.* Paper to be presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
8. **Budge, S.L.** (February, 2014). *Developmental processes of positive emotions for trans* individuals: The interplay of interpersonal emotions and transition appraisal.* Paper presented at the World Professional Association for Transgender Health Biannual Conference, Bangkok, Thailand.
9. **Budge, S.L.**, Adelson, J.L., & Howard, K.A.S. (February, 2014). *Transgender and Genderqueer individuals' mental health concerns: A moderated mediation analysis of social support and coping.* Paper presented the World Professional Association for Transgender Health Biannual Conference, Bangkok, Thailand.

NATIONAL PRESENTATIONS (Peer-reviewed)

1. **Budge, S.L.** (August, 2016). *Psychotherapy Interventions, Process, and Outcome with Transgender and Gender Non-Conforming Clients*. Chair of invited symposium for Division 29 at the Annual Meeting for the American Psychological Association, Denver, Colorado.
2. **Budge, S.L.** (August, 2016). *The impact of minority stress interventions on psychotherapy outcomes with a transgender client*. Paper to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
3. Minero, L.M., Chin, M.Y., & **Budge, S.L.** (August, 2016). *Transgender Clients Reports of Characteristics of Effective and Trans- Competent Therapists*. Paper to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
4. **Budge, S.L.** (August, 2016). *The State and Future of Psychotherapy Research with Transgender Clients*. Paper to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
5. Minero, L.M., Chin, M.Y., & **Budge, S.L.** (August, 2016). *Understanding External Coping Processes of Trans-identified Individuals using Grounded Theory*. Poster to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
6. Salkas, S. & **Budge, S.L.** (August, 2016). *An overview of US population-based data on individuals with non-binary gender identities*. Paper to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
7. Alexander, D., Orovecz, J., Salkas, S., Stahl, A., & **Budge, S. L.** (August, 2016). *Internal Identity Processes for Individuals with Non-Binary Identities*. Paper to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
8. Rossman, K., Sinnard, M., & **Budge, S.L.**, (August, 2016). *The "Queering" of Emotions-Using Non-binary Gender Identity to Label Emotional Processes*. Paper to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
9. Barr, S. M. & **Budge, S.L.** (August, 2016). *Experiences of self esteem and well-being for individuals with non-binary gender identities*. Paper to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
10. Chase, A., Lam, J., & **Budge, S.L.** (August, 2016). *Culture and Masculine Ideology: Measuring Masculinity Among Japanese American Men*. Poster to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
11. Akinniyi, D. & **Budge, S.L.** (August, 2016). *The Student-Athlete Experience: Multiple Minority Statuses and Discrimination*. Poster to be presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
12. **Budge, S.L.** (August, 2016). *Identity Processes, Well-being, and Emotional Processes for Individuals with Non-Binary Identities*. Chair of symposium at the Annual Meeting for the American Psychological Association, Denver, Colorado.
13. Akinniyi, D.A.* and **Budge, S.L.** (August, 2015). *Genderqueer individuals' conceptualizations of multiple identities: A qualitative investigation using identity maps*. Paper presented at the Annual Meeting for the American Psychological Association, Toronto, Canada.
14. Sinnard, M.* and **Budge, S.L.** (August, 2015). *Effects of Location and Transition Status on Anxiety and Depression in Transgender Individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Toronto, Canada.

15. Watkins, C.E., **Budge, S.L.**, & Wampold, B.E. (August, 2015). *Extrapolating the Wampold/Budge Psychotherapy Relationship Model to Psychotherapy Supervision*. Paper presented at the Annual Meeting for the American Psychological Association, Toronto, Canada.
16. **Budge, S.L.** (June, 2015). *The effectiveness of psychotherapeutic treatments for personality disorders: A review and critique of current research practices*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Philadelphia, PA.
17. Kring, M.* & **Budge, S.L.** (June, 2015). *Re-evaluating outcomes in psychotherapy: Considerations beyond self-report*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Philadelphia, PA.
18. Owen, J. J., Wampold, B.E., Miller, S.D., **Budge, S.L.**, & Minami, T. (June, 2015). *Trajectories of change in short-term psychotherapy: Lessons from growth curve mixture modeling*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Philadelphia, PA.
19. Katz-Wise, S.L. & **Budge, S.L.** (April, 2015). *Imaging the future: qualitative findings of future orientation from transgender youth and parents/caregivers in the Transgender Youth Family Study*. Paper presented at the Annual Transgender Health Summit, Oakland, CA.
20. **Budge, S.L.** (August, 2014). *The Other Side of the Story: Trans* Individuals' Experiences of Positivity and Resilience*. Symposium chair for the Annual Meeting for the American Psychological Association, Washington, DC.
21. **Budge, S.L.** (August, 2014). *Lessons learned from NIH-grant submission for LGBTQ research*. Invited panelist for the Annual Meeting for the American Psychological Association, Washington, DC.
22. **Budge, S.L.** & Katz-Wise, S.L. (August, 2014). *Emotional and interpersonal experiences of trans* youth and their caregivers*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
23. Eleazer, J.L.*, Ngyuen, Y.*, **Budge, S.L.** (August, 2014). *"I'm afraid of my therapist": Military Policy and Access-to-Care for Transgender US Service Members*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
24. Thai, J.L.* & **Budge, S.L.** (August, 2014). *Mental health outcomes for trans* Asian American, Asian, and Pacific Islander populations*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
25. Alexander, D.* & **Budge, S.L.** (August, 2014). *The impact of partner support on symptoms of anxiety for transgender women, transgender men, and genderqueer individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Washington, DC.
26. Barr, S.M.* & **Budge, S.L.** (August, 2014). *Transgender identity salience as a predictor for well-being and body control beliefs for trans* individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Washington, DC.
27. Keller, B.L.*, Barr, S.M.*, & **Budge, S.L.** (August, 2014). *Trans* women's emotional resilience: Reactions to the intersection of sexism and transphobia*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.

28. Rossman, H.K.*, Sinnard, M.*, **Budge, S.L.** (August, 2014). *Adapting a three-tiered model of emotions to genderqueer individuals' identity processes*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
29. Thai, J.L.*, Orovecz, J.*, **Budge, S.L.** (August, 2014). *Trans* men's experiences of positive emotions: An examination of gender identity and emotion labels*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
30. Tebbe, E.N., Brewster, M., **Budge, S.L.** (August, 2014). *A content analysis of transgender psychological literature*. Poster presented at the Annual Meeting for the American Psychological Association, Washington, DC.
31. Thai, J.L.* & **Budge, S.L.** (March, 2014). *Family relationships and outness for transgender Asian Pacific Islander individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
32. Hunter, C.* & **Budge, S.L.** (March, 2014). *The moderating effect of race related to discrimination for transgender individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
33. Alexander, D.* & **Budge, S.L.** (March, 2014). *The impact of partner support on symptoms of anxiety for transgender women, transgender men, and genderqueer individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
34. Barr, S.M.* & **Budge, S.L.** (March, 2014). *Validation of the Objectified Body Consciousness Scale for transgender individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
35. **Budge, S.L.** (October, 2013). *Addressing grief and role transitions for transgender clients experiencing gender identity incongruence*. Paper presented at the Biennial North American Society for Psychotherapy Research Conference, Nashville, TN.
36. **Budge, S.L.**, Barr, S.M.*, Katz-Wise, S.L., Keller, B.L.*, & Manthos, M.* (2013, June). *Incorporating positivity into psychotherapy with transgender clients*. Workshop presented at the Annual Philadelphia Transgender Health Conference, Philadelphia, PA.
37. **Budge, S.L.** & Barr, S.M.* (2013, April). *Emotional and identity processes of trans* youth: A developmental approach*. Paper presented at the Biennial Society for Research on Child Development Conference, Seattle, WA.
38. **Budge, S.L.**, Thai, J.*, Rossman, H.K.* (2012, August) *Intersecting identities and mental health outcomes for transsexual, cross-dressing, and genderqueer individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Orlando, Florida.
39. **Budge, S.L.** & Keller, B.L.* (2012, August). *"She felt pressured, I felt neglected": LGBTQ individuals' experiences of sexual pressure in relationships*. Poster presented at the Annual Meeting for the American Psychological Association, Orlando, Florida.
40. **Budge, S.L.**, Moore, J.*, Neinhuis, J.*, Baardseth, T., & Wampold, B.E. (2012, June). *The relative efficacy of bona-fide psychological treatments for personality disorders: A meta-analysis of direct comparisons*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Virginia Beach, Virginia.
41. **Budge, S.L.** & Katz-Wise, S.L. (2012, February). *Trans-Affirmative Therapy: Focusing on Emotional and Coping Processes Throughout Gender Transitioning*. Workshop presented at the Transgender Spectrum Symposium, Annual Meeting of the Gay and Lesbian Affirmative Psychotherapy Association, New York, New York.

42. **Budge, S.L.** & Katz-Wise, S.L. (2011, November). *Transgender emotional and coping processes: Facilitative and avoidant coping throughout the gender transition*. Paper presented at the Annual Meeting for the Society for the Scientific Study of Sexuality, Houston, Texas.
43. **Budge, S.L.** & Howard, K.H. (2011, August). *Gender socialization and gender queer individuals: The impact of assigned sex on coping and mental health concerns*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, D.C.
44. Tebbe, E.L., **Budge, S.L.**, & Fischer, A. (2011, March). *Transforming the research Goliath: Reflections on research with transgender communities*. Roundtable presented at the Bi-Annual Meeting of the Association for Women in Psychology, Philadelphia, Pennsylvania.
45. **Budge, S.L.** & Howard, K.A.S. (2010, August). *Coping, social support, and well-being in the transition process for transgender individuals*. Paper presented at the Annual Meeting for the American Psychological Association, San Diego, California.
46. Baardseth, T.P., **Budge, S.L.**, & Wampold, B.E. (2010, August). *Allegiance and psychotherapy research: The effectiveness of supportive therapy as a control*. Poster presented at the Annual Meeting for the American Psychological Association, San Diego, California.
47. Solberg, V.S., Gresham, S.L., **Budge, S.L.**, & Phelps, A.L. (2010, August). *Impact of Learning Experiences on Students With Disabilities Career Development*. Poster presented at the Annual Meeting for the American Psychological Association, San Diego, California.
48. Katz-Wise, S.L., **Budge, S.L.**, & Hyde, J.S. (2010, August). *Individuation or identification? Objectified body consciousness*. Poster presented at the Annual Meeting for the American Psychological Association, San Diego, California.
49. Solberg, V.S., Gresham, S.L., **Budge, S.L.**, & Phelps, A.L. (2010, August). *Impact of Exposure to Quality Learning Experiences on Career Development*. Paper presented at the Annual Meeting for the American Psychological Association, San Diego, California.
50. **Budge, S.L.** & Fluckiger, C. (2010, June). *Comparison of Evidence-Based-Treatments versus Treatment as Usual: A meta-analysis*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Asilomar, California.
51. **Budge, S.L.** & Howard, K.A.S. (2010, April). *Career decision-making in the transgender population: The role of barriers and discrimination*. Paper presented at the Annual Meeting for the American Educational Research Association, Denver, Colorado.
52. **Budge, S.L.**, Solberg, V.S., Phelps, L.A., Haakenson, K., & Durham, J. (2010, April). *Promising practices for implementing Individualized Learning Plans: Perspectives of teachers, parents, and students*. Paper presented at the Annual Meeting for the American Educational Research Association, Denver, Colorado.
53. Solberg, V.S., Gresham, S.L., Phelps, L.A., & **Budge, S.L.** (2010, April). *Identifying decision-making patterns and its impact on career development and workforce readiness*. Paper presented at the Annual Meeting for the American Educational Research Association, Denver, Colorado.
54. Katz-Wise, S.L., **Budge, S.L.**, & Hyde, J.S. (2010, March). *Objectified body-consciousness and the mother-adolescent relationship*. Poster presented at the Biennial Meeting for the Society for Research on Adolescence, Philadelphia, Pennsylvania.

55. **Budge, S. L.**, Tebbe, E. N., Katz-Wise, S. L., Schneider, C. L., & Howard, K. A. S. (2009, August). *Workplace transitions: Work experiences and the impact of transgender identity*. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
56. Katz-Wise, S. L., **Budge, S. L.**, & Schneider, C. L. (2009, August). *Navigating the gender binary: A qualitative study of transgender identity development*. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
57. Nelson, M. L., Thompson, M. N., Huffman, K. L., & **Budge, S. L.** (2009, August). *Development and further validation of the social class identity dissonance scale*. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
58. Dvorscek, M., **Budge, S. L.**, Bluemner, J. L., & Valdez, C. R. (2009, August). *Health care provider perspectives on Latino patients with depression*. Poster presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
59. Neumaier, E. R., **Budge, S. L.**, Bohlig, A. J., Doolin, E. M., & Nelson, M. L. (2009, August). *I feel masculine but they think I'm feminine: Toward measuring experienced gender role*. Poster presented at the Annual Meeting of the American Psychological Association during the Division 17 Social Hour, Toronto, Ontario, Canada.
60. Doolin, E. M., Graham, S. R., Hoyt, W. T., **Budge, S. L.**, & Bohlig, A. J. (2009, January). *Out and about in the South: Defining lesbian communities*. Poster presented at the National Multicultural Conference and Summit, New Orleans, LA.
61. **Budge, S. L.**, Tebbe, E. N. & Howard, K. A. S. (2009, January) *Transgender individuals' work experiences: Perceived barriers, discrimination, and self-efficacy*. Paper presented at the Annual Meeting of the Career Conference, Madison, WI.
62. Howard, K. A. S., **Budge, S. L.**, Jones, J., & Higgins, K. (2009, January). *Future plans of urban youth: A qualitative analysis of influences, barriers, & coping strategies*. Paper presented at the Annual Meeting of the Career Conference, Madison, WI.
63. **Budge, S. L.**, Schneider, C., Rodriguez, A., Katz-Wise, S., Tebbe, E., & Valdez, C. (2008, August). *The emotional roller coaster: Transgender experiences of positive and negative emotions*. Poster presented at the Annual Meeting of the American Psychological Association, Boston, MA.
64. Nelson, M. L., Huffman, K. & **Budge, S. L.**, (2008, August). *Initial validation of the Social Class Identity Dissonance Scale*. Poster presented at the Annual Meeting of the American Psychological Association, Boston, MA.
65. **Budge, S. L.**, Schneider, C., Rodriguez, A., & Howard, K. A. S. (2008, January) *What about the "T"?: Career counseling with transgender populations*. Paper presented at the Annual Meeting of the Career Conference, Madison, WI.
66. Howard, K. A. S., McKay, K. M., & **Budge, S. L.** (2007, August) *Adolescents' use of SOC strategies: The interaction with low-income and high violence contexts*. Poster presented at the Annual Meeting of the American Psychological Association, San Francisco, CA.
67. **Budge, S. L.** & Sherry, A. (2007, August) *The influence of gender role on sexual compliance: A preliminary investigation of LGB relationships*. Poster presented at the Annual Meeting of the American Psychological Association, San Francisco, CA.

68. Howard, K. A. S., Solberg, V. S., & **Budge, S. L.** (2007, August). *Designing culturally responsive school counseling career development programming for youth*. Paper presented at the Annual Meeting of the American Psychological Association, San Francisco, CA.
69. Howard, K. A. S., Jones, J. E., **Budge, S.**, Gutierrez, B., Lemke, N., Owen, A., & Higgins, K. (2007, April). *Academic and Career Goals of High School Youth: Processes and Challenges*. Paper presented at the Annual Meeting of the American Educational Research Association, Chicago, IL.

REGIONAL PRESENTATIONS (Peer-reviewed)

1. **Budge, S.L.** (November, 2013). *Incorporating an IPT approach with transgender clients*. Paper presented at the Annual Kentucky Psychological Association Conference, Lexington, KY.
2. **Budge, S.L.** (April, 2013). *Using interpersonal therapy with transgender clients*. Workshop provided at the Annual University of Florida Interdisciplinary Conference on LGBT Issues.
3. Barr, S. M.* & **Budge, S. L.*** (2013, April). The role of identity integration in the emotional well-being of post-transition individuals. Poster presentation at the Kentucky Psychological Association Student Research Conference, Louisville, KY.
4. Orovecz, J.*, Thai, J.L.*, & **Budge, S.L.** (2013, April). I'm stoked about life: The emotional processes of transgender men through a qualitative lens. Poster presented at the Spring Research Conference, Lexington, Kentucky.
5. Rossman, K.* & **Budge, S.L.** (2013, April). Genderqueer individuals' mental health concerns: The relationship between social support and coping. Paper presented at the Spring Research Conference, Lexington, KY.
6. Barr, S. M.* & **Budge, S. L.** (2013, April). The role of identity integration in the emotional well-being of post-transition individuals. Poster presented at the Spring Research Conference, Lexington, KY.
7. Rossman, K.* & **Budge, S.L.** (2013, June). *Just the fact that I commanded that respect - I got the privilege: Qualitative Examination of Privilege in the Trans* Community*. Paper presented at the Spring Research Conference, Lexington, KY.
8. Keller, B. L.*, Barr, S. M.*, & **Budge, S. L.** (2013, April). "For every bad, there's 40 good things that happen: A qualitative approach to understanding the positive emotional experiences of trans* women. Poster presentation at the Spring Research Conference, Lexington, KY
9. Orovecz, J.*, Thai, J.L.*, & **Budge, S.L.** (2013, April). I'm stoked about life: The emotional processes of transgender men through a qualitative lens. Presented at the Spring Research Conference, Lexington, Kentucky.
10. Orovecz, J.*, Thai, J.L.*, & **Budge, S.L.** (2013, March). "I'm me, and I'm proud to be me": A grounded theory analysis of transgender men's emotional processes. Presented at the Kentucky Psychological Association Foundation Spring Academic Conference, Louisville, Kentucky.
11. Eleazer, J. R.*. & **Budge, S. L.** (2013, March). "It Would be Better for Them to Have a Dead Hero for a Father than a Freak:" Suicidality and Trans* Military Service. Poster

presented at the Kentucky Psychological Association Spring Academic Conference, Louisville, KY.

12. Sinnard, M.*, Rossman, K.*, & **Budge, S. L.** (2013, March). "Positive emotional experiences of gender non-binary identified individuals. Poster presentation at the Kentucky Psychological Association Student Research Conference, Louisville, KY.
13. Barr, S.M.*, Stahl, A.*, Manthos, M.*, & **Budge, S.L.** (2012, November). *"It means there aren't rules and you don't have to ascribe to a specific binary": A qualitative examination of genderqueer identity.* Paper presented at the **Chicago LGBTQ Health and Wellness Conference, Chicago, IL.**
14. Thai, J.L.*, Orovecz, J.*, & **Budge, S.L.** (2012, November). *Transgender men and positivity: Emotional processes related to identity.* Paper presented at the **Chicago LGBTQ Health and Wellness Conference, Chicago, IL.**
15. **Budge, S.L.**, Barr, S.M.*, Orovecz, J.*, & Rossman, H.K.* (2012, November). *Clinical work with LGBT youth.* Workshop provided at the Annual Kentucky Psychological Association Conference, Louisville, KY.
16. **Budge, S.L.**, Lee, S., & Monahan-Rial, V. (2011, February). *Bridging institutional gaps: Utilizing transgender-affirmative therapy with college students.* Workshop presented at the Annual Meeting for the Big 10 College Counseling Center Conference, Minneapolis, Minnesota.
17. Lee, J., **Budge, S.L.**, Wilson, J.L., & Roper, J.M. (2011, February). *The Korean Conundrum: Managing stigma in the recruitment of group counseling members.* Workshop presented at the Annual Meeting for the Big 10 College Counseling Center Conference, Minneapolis, Minnesota.
18. **Budge, S.L.** & Katz-Wise, S.L. (2010, February). *Transition to adulthood: Developmental steps for transgender individuals.* Workshop presented at the Conference on Transgender and Gender Variant Youth, Madison, Wisconsin.
19. **Budge, S.L.** (2009, October). *Individualized Learning Plans: Parent, student, and educator focus groups.* Paper presented at the Fall Institute for the National Collaborative on Workforce and Disability/Youth, Charleston, South Carolina.

INVITED KEYNOTE PRESENTATIONS

1. **Budge, S.L.** (March, 2016). *Understanding, acknowledging, and responding to LGBTQ microaggressions in health care settings.* Keynote to be provided at the Florida Area Health Education Center, Gainesville, Florida.
2. **Budge, S.L.** (September, 2014). *Positivity in transgender populations: Implications for vocational psychology.* Boston University, Boston Massachusetts.
3. **Budge, S.L.** (April, 2013). *Future Directions for Research and Therapy with Trans* and Gender Diverse Individuals.* Keynote Address provided at the Annual University of Florida Interdisciplinary Conference on LGBT Issues.
4. **Budge, S.L.** (March, 2013). *The Psychology of Sexual Orientation and Gender Identity: Future Directions and Implications.* Keynote provided at the East Texas Psi Chi Student Research Conference, Tyler, Texas.

NATIONAL RESEARCH BRIEFINGS

1. **Budge, S.L., & Solberg, V.S.,** (2010, March) *Career exploration and the use of career narrative data for high school students' career exploration processes: A United States Sample*. Research briefing presented at the Department of Labor, Washington, D.C.
2. **Budge, S.L., Solberg, V.S., & Phelps., A.L.** (2010, March) *Individualized Learning Plans within a community-oriented approach: The usefulness of focus group data with parents, teachers, and students*. Research briefing presented at the Department of Labor, Washington, D.C.

INTERNATIONAL RESEARCH BRIEFINGS

1. **Budge, S.L., & Solberg, V.S.,** (2010, February) *A three-tiered approach to analyze the career decision making processes using focus group data with Singaporean parents, students, and staff*. Research briefing presented at the Ministry of Education, Singapore.
2. **Budge, S.L., & Solberg, V.S.,** (2010, February) *Use of narrative analysis for high school students' career exploration processes: A Singapore Sample*. Research briefing presented at the Ministry of Education, Singapore.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

American Psychological Association (APA)

Society of Counseling Psychology (Division 17)

Division of Psychotherapy (Division 29)

Society for the Psychology of Women (Division 35)

Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues (Division 44)

Society of Clinical Child and Adolescent Psychology (Division 53)

World Professional Association for Transgender Health (WPATH)

Society for Psychotherapy Research (SPR)

TEACHING AND INSTRUCTION

University of Wisconsin-Madison Courses:

CP 805: Microskills of Counselors

CP 806: Pre-practicum

CP 900: Foundational Practicum

CP 903: Advanced Practicum

CP 990: Independent Research

University of Louisville Courses:

ECPY 780: Advanced Practicum

ECPY 648: Intellectual Assessment

ECPY 663: Multicultural Issues

ECPY 629: Theories and Techniques of Counseling

ECPY 621: Differential Diagnosis

ECPY 793: Gender and Queer Issues In Psychology
ECPY 793: Advanced Multicultural Psychotherapy
ECPY 700: Supervised Research

Graduate-Student Teaching:

University of Wisconsin-Madison (2006-2009)

CP 804: Research Methods
CP 994: Personality Assessment
CP 650: Interviewing Skills
CP 115: First Year Experience

University of Texas at Austin (2005-2006)

PSY 301: Introduction to Psychology

DISSERTATION COMMITTEES

Kinton Rossman (University of Louisville; Chair, Proposed)
Kathleen Barnett (University of Louisville; Chair)
Danielle Alexander (University of Louisville; Chair)
Jake Nienhuis (University of Louisville; Defended)
Kelley Quirk (University of Louisville; Defended)
Keldric Thomas (University of Louisville; Defended)
Johanna Strokoff (University of Louisville; Defended)
Elise Romines (University of Louisville; Proposed)
Julia Benjamin (University of Wisconsin-Madison; Proposed)
Craig Hase (University of Wisconsin-Madison; Proposed)
Sarah McArdell Moore (University of Wisconsin-Madison, Proposed)
Noah Yulish (University of Wisconsin-Madison, Proposed)
Nick Frost (University of Wisconsin-Madison, Proposed)
Lindsey Houghton (University of Wisconsin-Madison, In preparation)
Shufang Sun (University of Wisconsin-Madison, Proposed)
Joe Orovecz (University of Wisconsin-Madison, In preparation)

MASTERS THESES

Dylan Hiner (University of Louisville; Chair)
Dorcas Akinniyi (University of Wisconsin-Madison; Chair)

UNDERGRADUATE THESES

Morgan Sinnard (University of Louisville; Chair, defended)

AWARDS

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| 7/2015 | Early Career Award for work with LGBT populations from the Society for Counseling Psychology--Division 17 SLGBTI Group |
| 5/2015 | Early Career Award for the Society for the Advancement of Psychotherapy (Division 29, APA) |
| 1/2014 | Runner Up for the Most Valuable Paper Award for a 2013 article published in <i>Psychotherapy</i> |
| 2/2013 | Nominated for the University of Louisville Trustees Award—provided to faculty for excelling in mentoring students. |
| 7/2010 | Society for Counseling Psychology--Division 17 LGBT Outstanding Graduate Student Award for community contributions with the LGBT population during my doctoral program. |
| 7/2010 | Society for Vocational Psychology/ACT Graduate Student Research Award, \$500.00 for career research regarding transgender individuals. |
| 6/2010 | Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues—Division 44: Transgender Research Award, \$500.00 for dissertation research. |
| 2/2010 | John W. M. Rothery Memorial Research Award \$150.00. |
| 8/2009 | Outstanding Student Poster Award, APA Convention 2009. |
| 8/2008-8/2011 | APA Student Travel Award, \$300.00 (four years in a row). |

WORKSHOPS/TRAININGS PROVIDED

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| 3/2016 | Invited to provide a community-based training at the University of Florida to teach balance in being an academic and an activist |
| 3/2016 | Invited to provide a training to women's and gender studies students at the University of Florida regarding gender and sexuality in psychiatric diagnosis |
| 1/2016 | Invited to provide a workshop to veterinary students regarding LGBTQ competent care at the University of Wisconsin-Madison |
| 11/2015 | Provided a workshop on genderqueer and non-binary individuals' gender identity development to the Institute of Sexuality Series at the University of Wisconsin-Madison |
| 10/2015 | Provided a workshop on transgender adults' facilitative coping mechanisms to the Institute of Sexuality Series at the University of Wisconsin-Madison |
| 8/2015 | Provided a Transgender 101 workshop to undergraduate students in a multicultural seminar at the University of Wisconsin-Madison |
| 4/2014 | Provided a workshop for 8-10 year old boys at St. Joseph's Children's Home to provide skills for how to talk about gender and comprehend transgender issues. |

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| 2/2014 | Provided a training to medical students at the University of Louisville for trans-competent medical care. |
| 11/2013 | Provided a workshop to school psychologists and guidance counselors for cultural competence training working with LGBTQ youth. Continuing Education credits provided. |
| 7/2013 | Provided a workshop to the Campus Health Services at the University of Louisville to address LGBT-friendly health practices and language for medical practitioners. |
| 4/2013 | Provided an invited workshop at the University of Florida regarding transgender affirmative therapy and positive emotional processes for gender-diverse clients; located with the Department of Psychology, Gainesville, Florida. |
| 3/2013 | Provided an invited workshop at the University of Texas-Tyler related to empowering gender-diverse clients; located with the Department of Psychology, Tyler, Texas. |
| 11/2012 | Provided a workshop to the College of Education and Human Development at the University of Louisville regarding support for transgender students on college campuses |
| 10/2012 | Provided a workshop regarding specific processes to support transgender clients through the therapeutic process. Workshop provided to the Psychological Sciences Clinic for Continuing Education Credits; located at the University of Louisville |
| 1/2012 | Provided a workshop regarding transgender-affirmative therapy to the Psychological Sciences Clinic for Continuing Education Credits; located at the University of Louisville |
| 12/2011 | Provided training to pre-doctoral psychology interns regarding therapeutic work with LGBT youth; training was located at the Department of Child and Adolescent Psychiatry, University of Louisville |
| 10/2011 | Provided training on stress and anxiety to LGBTQ students for the Center for Health Promotion and Prevention Science at the University of Louisville |
| 8/2010-8/2011 | GLBTA office liaison from the University Counseling and Consulting Services at the University of Minnesota-Twin Cities. |
| 4/2011 | Facilitated a 3-hour training to counseling psychology students at the University of Minnesota on how to work clinically with LGBTQ populations |
| 1/2011 | Provided a 2-hour long training to the psychological staff at the University Counseling and Consulting Services regarding how to conduct trans-positive therapy with transgender clients. |
| 10/2010 | Facilitated a 2-hour social justice training based on the film "Diagnosing Difference," regarding DSM-IV diagnoses of Gender Identity Disorder. |
| 10/2010 | Facilitated a 1 ½ hour training for a Career Counseling course at the University of Minnesota-Twin Cities on how to work with transgender individuals in career counseling. |

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| 9/2010 | Facilitated a 2-hour training on conducting intake interviews for first year PhD practicum students at the University Counseling and Consulting Services at the University of Minnesota-Twin Cities. |
| 3/2010 | Facilitator of an inservice training for pre-doctoral interns completing their internship at the Wisconsin Internship Consortium. |
| 11/2008 | Co-facilitator for Diversity Dialogues, Madison, Wisconsin. |
| 11/2008 | Co-Facilitator for LGBT Brownbag for the department of counseling psychology at the University of Wisconsin-Madison |
| 11/2008 | Guest Speaker for LGBT Support Group, Counseling and Consultation Services, University of Wisconsin-Madison, |

SERVICE

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| Department | <ul style="list-style-type: none"> -Doctoral Training Committee (2015-current) -Master's Training Committee (2014-2015) -Doctoral Admissions (2015-current) -Master's Admissions (2014-2015) -Social Justice Committee (2014-current) |
| SOE | <ul style="list-style-type: none"> -Technology Committee (2014-current) |
| University | <ul style="list-style-type: none"> -Faculty Senate (alternate) (2016-current) -Microaggressions training for the UW Vet school (2016) -Microaggressions training for the School of Social Work (2016) |
| Community | <ul style="list-style-type: none"> -Wisconsin Transgender Health Coalition (2015-current) <ul style="list-style-type: none"> -Data team -Convening team -Transgender Youth Resource Network (2014-current) -Facilitate Transgender Youth Therapy Group at the CPTC (2015-current) -Coordinate Transgender Youth Conference for the greater Wisconsin community (2015-current) |

CONFERENCES ORGANIZED

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| 9/2009-current | Co-Coordinator for the Transgender and Gender Non-Conforming Youth Conference, Madison, Wisconsin, Chair: Jeannette Deloya, LCSW. |
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Responsibilities: Attend meetings for a planning committee to coordinate annual conferences about the concerns of transgender youth. Helped develop an agenda for the conference, planned speakers, coordinated a budget, and decided on special topics for the conference. Introduced the keynote speaker at the conference and provided project

management during the day of the conference.

8/2010-2/2011

Co-Coordinator for the Big 10 College Counseling Center
Conference, Minneapolis, Minnesota. Chair: Glenn Hirsch, Ph.D.

Responsibilities: Attended weekly meetings for a planning committee to coordinate a conference regarding issues related to college counseling centers and counseling college students. Provided ideas for funding and programming. Provided support with logistics of the conference, such as setting up rooms and directing attendees to programming.

EXHIBIT

B

BIBLIOGRAPHY

American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-5). American Psychiatric Pub; 2013 May 22.

Boza C, Nicholson Perry K. Gender-related victimization, perceived social support, and predictors of depression among transgender Australians. *International Journal of Transgenderism*. 2014 Jan 2;15(1):35-52.

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, Fraser L, Green J, Knudson G, Meyer WJ, Monstrey S. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism*. 2012 Aug 1;13(4):165-232.

Goldblum P, Testa RJ, Pflum S, Hendricks ML, Bradford J, Bongar B. The relationship between gender-based victimization and suicide attempts in transgender people. *Professional Psychology: Research and Practice*. 2012 Oct;43(5):468.

Greytak, E. A., Kosciw, J. G., and Diaz, E. M. Harsh realities: The experiences of transgender youth in our nation's schools. New York: GLSEN. 2009.

Herman JL. Gendered restrooms and minority stress: The public regulation of gender and its impact on transgender people's lives. *Journal of Public Management & Social Policy*. 2013 Apr 1;19(1):65.

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